U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E/ BROK		
1 File Number U 13423	2 Fiscal Year Covered From	
	[]/[]/[04] Through [12]/[31/[04]	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name FRANK C WUNDERLICH	Name 584 I B 0+ T	
65 SLeepy LANE Hicksuille N.Y 11801	Labor Organization File Number 012-619	
1	D.O. Rev. Building and Deeps Number 16 and	
PO Box Bldg Room No If any	P O Box Building and Room Number If any	
Street 65 SLeep LANE	Street 13 Hudson STREET	
city Hicksville	CITY NEW, YORK	
State	State NY, ZIP Code + 4 10013	
5 Position in labor organization Recording SEC	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T	
3		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
Trade Name II any		
PO Box Bidg Room No If any		
Street	7 b Amount	
Out of the second of the secon	3	
City		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and beliefs true correct and complete (See the se	ring documents) has been examined by the signatory and is to the best of the	
Signed Fish Winskill	on 10-12-05 516-579-9305	
	Date Telephone Number	

Name of Person Filing Frank Wunder Lich	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name: LOCAL 584 Health & Welfare Trade Name if any PO Box Bldg Room No if any Street 13 Hudson ST City NY State ZIP Code +4 OO(3)	9 Business deals with a Labor Organization b Trust c Employer	
Name Trade Name If any P O Box Bidg Room No If any Street City ZIP Code + 4	Related Health + WELFARE Fund 11 b Approximate dollar value of such dealing 9,417-491 12 a Nature of interest held or income received Attended International Health + WELFARE Fund.	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Trustee meeting Lunch 10-29-04 12 b Amount # 4807	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name Trade Name if any		
P O Box Bldg Room No If any		
Street	1	
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment	

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8 Name and address of Business (including trade name if any) Name Local S84 Health + Welfare Function Trade Name if any PO Box Bidg Room No if any Street 13 Hudson ST City N.Y. State ZIP Code + 4 10013	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code + 4	11 a Nature of such dealing Related Heath + Welfare fund 11 b Approximate dollar value of such dealing \$ 9,477,491 12 a Nature of interest held or income received Alended Internationial Health + Welfare fund	
	Trustee meeting Lunch 11-04-04	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any		
P O Box Bldg Room No If any Street City State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	

Name of Person Filing Trank WunderLich	File Number U
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or lirectly to or otherwise
8 Name and address of Business (including trade name if any) Name LOCAL SSY Health twelfare Trade Name if any P O Box Bldg Room No if any Street 13 Hudson ST. City N_Y State ZIP Code + 4 10013	9 Business deals with a Labor Organization b Trust c. Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any	Pelated Health + Westare Fund
Street City ZIP Code + 4	11 b Approximate dollar value of such dealing \$9-477, 491 12 a Nature of interest held or income received Attended Titernationial Health Tweefare Fund.
C Received from any employer (other than an employer covered unde	TRustee meeting Lunch 12b Amount , \$35.67
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	
Name	
P O Box Bldg Room No if any	1
Street	1
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.

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Name and address of Business (including trade name if any) Name LOCAL SSY Health + Welfare Fund Trade Name if any PO Box Bidg Room No if any Street 73 Hudson ST. City N.Y. State ZIP Code + 4 10013	9 Business deals with a Labor Organiza b Trust c Employer	ition
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code + 4	11 b Approximate dollar value 12 a Nature of interest hele Atlended Health+ W Trustee	Health te Fund Je of such dealing 9,477,491 d or income received International JECtare Fund MEETING Lunch 9-08-04
	12 b Amount 45	59 (e) <u>. </u>
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name		
Trade Name If any		
P O Box Bldg Room No If any Street City State ZIP Code + 4	} 	Miles Makamba ² sun
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment	}

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8 Name and address of Business (including trade name if any) Name Local SSY Health Luttereful Trade Name if any P O Box Bidg Room No if any Street 13 Hudson ST City D.V State ZIP Code +4 10013	9 Business deals with a Labor Organiza b Trust c Employer	ition
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C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Trade Name if any		
P O Box Bldg Room No if any Street City State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.	

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8 Name and address of Business (including trade name if any) Name Cocac 584 Health t Welface full Trade Name if any PO Box Bidg Room No if any Street 73 Hudson ST City N.Y. State ZIP Code + 4 [0013]	9 Business deals with a Labor Organizati b Trust c Employer	On .
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealin	9
Name	Related	Health + Fund
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Crty	12 a Nature of interest held	or income received
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	12 D ATRIOURE W 5	1141
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		:
Trade Name If any		
P O Box Bldg Room No If any		
Street		
City	1	
State ZIP Code + 4	1	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

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8 Name and address of Business (including trade name if any) Name LOCAL SSY Health the Green Trade Name if any P O Box Bidg Room No if any Street 13 Hudson ST City D Y State I ZIP Code +4	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	Related Health + WELfare Fund.	
Trade Name if any PO Box, Bidg Room No if any	welfare fund.	
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City	11 b Approximate dollar value of such dealing 11 11 11 11 11 11 11 11 11 11 11 11 11	
State ZIP Code + 4	Attended International Health + WELfare Funch TRUSTEE MEETING LUNCH 12 b Amount \$ 96.79	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name If any		
PO Box Bldg Room No If any		
Street		
City City		
State ZIP Code + 4		
13 b is the Business an Employer ar Consultant?	14 b Amount of payment	

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8 Name and address of Business (including trade name if any) Name LOCAL 584 HEATHY Trade Name if any P O Box Bidg Room No if any Street 73 Hudson SI City D Y State ZIP Code +4 10013	9 Business deals with a Labor Organization b Trust c Employer	
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	126 Amount #34/61 2-13-04	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)		
Name Trade Name if any		
P O Box Bidg Room No If any Street City State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	